



Contractor's Insurance/License Requirements

- To protect yourself and SYMPHONY ASSOCIATION, INC. from exposure, all contractors doing work in your apartments (i.e. – decorators, flooring companies, etc.) must be licensed and insured.
- A copy of each of the following must be turned into the Management Office in order for the ARC Committee to review your application and prior to the contractor commencing work including this application.
 - 1) Current Certificate of Insurance for General Liability Insurance with limits of at least \$1,000,000.00 and SYMPHONY ASSOCIATION, INC., as an additional named insured. (Example Included)
 - 2) Current Certificate Applicable Worker's Compensation.
 - 3) License issued for Broward County.
 - 4) Soundproof specifications sheet for flooring installation.
 - 5) Common Area Protection Fee - Check for \$750.00 -Deposit to be held until conclusion of work and returned if no damage to common areas was caused by contractor/workers. The deposit will only be used to pay for any damage to the common areas.
 - 6) Unit Access Authorization Form" found on p. 14 needs to be completed.
 - 7) All required permits must be submitted to the Management Office and posted prior to commencement of work.
 - 8) Drawings to Application when doing a renovation to your unit.
- No contractor can be given access until you have been approved by the ARC Committee who meet once a month to review all new ARC Applications.
- Once you receive the approval letter, you will need to contact the Management Office to discuss a start date.



Unit Owner's Signature

Date

ARCHITECT'S PLANS, DRAWINGS, COPIES OF CONTRACTOR'S CURRENT CERTIFICATE OF INSURANCE AND LICENSE, AND BUILDING PERMITS FROM THE CITY OF FORT LAUDERDALE MUST BE ATTACHED BEFORE APPLICATION WILL BE CONSIDERED.

I/We hereby make application to Symphony Association, Inc. for the above-described item to be approved in writing.

I/We understand and acknowledge that approval of this request must be granted before work on the modification may commence and that if modification/installation is done without the approval of the Association, the Association may force the removal of the modification/installation and subsequent restoration to original form at my expense.

I hereby agree to have the contractor submit an affidavit at the completion of the job attesting to the fact that proper soundproofing has been installed.

Unit Owner's Signature:  _____ Date: _____

This Section for Office Use Only

Application Reviewed by Property Manager / Building Engineer

X _____ Date: _____

____ APPLICATION APPROVED

____ APPLICATION DENIED

X _____ Date: _____

UNIT ACCESS AUTHORIZATION

Date: 4/24/23 Authorized Resident: Marie & Martin Black Unit #: 719N

THIS IS TO AUTHORIZE AND REQUEST you to grant access to the above-described Unit in THE SYMPOHONY CONDOMINIUM to the person(s) named below.

In giving this authorization and request, the undersigned ACKNOWLEDGES AND AGREES:

1. Although the purpose(s) of entry is stated below (for information only), you are not responsible to see to such purpose(s) being fulfilled nor for limiting access to the accomplishment of such purpose(s);
2. You are not responsible in any manner for supervising, observing or controlling the conduct of the person(s) to whom access and/or the key was given, and
3. To fully indemnify and hold harmless you and all of your officers, directors, members, employees and agents (including, without limitation, your Management and security companies and their officers, directors and employee(s) named below, whether in the Unit, the Common Elements of the Condominium or otherwise (such agreement to include all attorneys fee and court costs regardless of suit is brought or any appeal is taken there from).

NAMES OF PERSON(S) AUTHORIZED TO HAVE ACCESS:

Name(s):	Purpose:	Entry end date:	Contact Info
Daniel Flooring Inc	Install flooring	5/22/23	954-478-1900

INTENDED TERMINATION DATE OF AUTHORIZATION: The undersigned agrees to notify Management, in writing, of the termination of this authorization. You are entitled to assume that this authorization is in full force and effect until you actually forward a written notice of such termination.



AUTHORIZED RESIDENT Signature on behalf of all residents of the Unit

Print Name

Date

therefore arising out of or resulting from the Work performed by the contractor or vendor and entry into the undersigned's Unit.

5. We have read this Release and understand and agree to all of its terms. We execute it voluntarily and with full knowledge of its significance.

IN WITNESS WHEREOF, the undersigned have executed this Release the day and year set forth above.

Witnesses: _____ Owners:  _____

Please DO NOT anticipate:

- To begin working or delivering materials without required documentation, approval and authorization.
- To be permitted special consideration for untimely or inappropriate requests.
- To work on the property without maintaining proper conduct and strict observance of all procedural requirements and time frames.
- To solicit or distribute advertising or promotional material on the property.
- To be permitted to enter the association without valid US Identification.

I, _____, owner of Unit # 719N
acknowledge and read the rules and procedures of the association and will abide by them.

 _____
Unit Owner's Signature

4/24/23
Date